

THE CHICAGO MEDICAL JOURNAL.

VOL. I.

MAY, 1858.

No. 5.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

CASE OF TRAUMATIC OCCLUSION OF THE VAGINA.

(Read before the Cook County Medical Society, at its regular meeting, April, 1858.)

BY ERNST SCHMIDT, M.D.

The complete occlusion of the vagina, if acquired by any traumatical or pathological influences in the time of sexual maturity, belongs as well to the rarest as to the most interesting diseases and deformations of the sexual system of women; because, it firstly arrests at once all functions of the whole series of highly-important organs, and, secondly, always results fatally without operative help and attempting the latter in most cases. Therefore, I think that the following case which I successfully treated, with my friend, Dr. W. Wagner, in this city lately, may be worthy to claim your attention for a few minutes:

I begin with the history, as far as it could be gathered from the statement of the patient and her friends. She is a small, slender woman, of a very lively and somewhat nervous temperament, twenty-three years of age, and cannot remember any former sickness worth mentioning. Her monthly terms first appeared in her sixteenth year, and returned almost every fort-

night till she got married in her twentieth, without any bad effect from this irregularity upon the state of her health; since which time the courses came on pretty regularly every fourth week, and her whole constitution improved. Having conceived two years after her marriage, and feeling quite comfortable during the whole term of pregnancy, she had the first labor at the right time, on the 25th of July, 1857. The pains at first were very strong and frequent, by and by decreased in number and strength, and two days having elapsed, the water was not yet broken. The attending midwife at last burst it, at a time when the pains had almost totally disappeared. No further pains coming on, the midwife continued to manipulate for twelve hours more with her hands in the vagina and upon the belly, and ordered the woman in labor to press down as much as her sinking energies allowed.

Under this rational treatment, the head by and by was pressed into the entrance of the vagina, so that, as the bystanders state, it already was visible. At the same time, the mother asserts, she still felt very violent movements of the child in her abdomen. But as now no further advancement could be attained, the husband at last ran for a doctor, and finally found one, that is to say, he found a fellow, who once served as a barber in Germany, but at present has a splendid sign parading at his office door in South Wells street, * * * "Physician, Surgeon and Accoucheur." This illustrious sample of the medical profession then made his appearance, and for some hours manipulated on the child's scalp with his finger-nails, and towards evening of the 28th July, succeeded in delivering a still-born, well developed child, weighing twelve pounds, and as the husband reported, "quite dead," and the face and scalp horribly scratched and skinned; he is also sure, that the child's face looked backwards, so that it was no face presentation. Then the so-called doctor pulled the navel-cord in such a manner, that it was torn, and having obtained this glorious result, as well as his ten dollar fee, he left the house so well satisfied, that he did not care any further for the course of the confinement, as I suppose, the most thankworthy feature for the wretched mother. Half an hour later, the returning midwife found only

the navel-cord, but not the placenta, and this could only be brought to-day after hard working for another half hour.

Notwithstanding all this ill-treatment, the loss of blood after the delivery was trifling. However, the patient became very weak, had some chills alternating with heat, complained of considerable soreness in the abdomen and diarrhœa, and lost from the several organs a great quantity of bad smelling matter for about a fortnight. The urine always passed without difficulty. On the twelfth day of her confinement, suddenly a considerable quantity of blood flowed out of genitals, and at the same time both legs showed a large œdematous swelling, which again disappeared after a fortnight. At this period, the patient commenced leaving her bed, and after a while also the suppuration from the genitals and the diarrhœa stopped, and so after the lapse of six weeks from confinement, the patient considered herself fully recovered.

But she never regained her former good health and strength, but fell away by degrees. Two weeks later, violent pains appeared in the back and in the region of the ovaries, and generally all the symptoms peculiar to menstrual-colic and retention of the menses by mechanical impediment. These pains lasted in their highest intensity from two to four days, and from thence returned in regular intervals from three to four weeks, more and more increasing in intensity. The intervals were rather free, but the husband soon discovered that the normal size of his wife's vagina was shortened and contracted in a very offending manner. Possibly, this critical circumstance assisted in calling in medical aid; at least, it was recommenced towards the end of October, during one of the violent attacks coincident with the period of her terms. The treatment comprehending the strongest internal and external emmenagoga, without any previous manual examination, was followed up by a great number of druggists, midwives and quacks, till the 19th of January, 1858. Thus, the attacks increased in violence and duration, and at last the intervals between them almost disappeared entirely. The patient, worn out by pains, continued sleeplessness, constipation, and impossibility to take sufficient food, could hardly be prevented from destroying her own life.

She threw herself to the floor tremendously, crying with convulsive fits. Just after such a scene, I saw her the first time, on the 10th of January, 1858.

As all the reported symptoms must seem to be caused by a retention of the menses, a manual exploration was immediately resorted to. The abdomen, especially in its right side, looked swollen; palpation established exactly corresponding to the region of the right ovarium; a spherical tumor, about double as large as a man's fist, from which a cord two fingers thick could be traced almost to the midst of the abdomen towards the symphysis. The tumor could be dislocated to and fro without difficulty; the percussion sounds over it were quite dull. The left side is free, with normal tympanitic sound; likewise just over the symphysis, neither by a deep pressure, nor by percussion, is any tumor to be traced. The attempt to make an exploration through the vagina shows at once the immediate cause, as the finger could not be introduced above the labia minora more than an inch. The first finger-joint completely fills the whole of this rudimentary vagina, nor can any aperture leading farther up be found by the touch. Inspection shows the opening of the urethra a little pressed down; the commissura posterior shows hard cicatrices running backwards to the anus, in front and to the inside of the vagina, which apparently originate from several very considerable lacerations of the perinæum. A very small glass speculum introduced between the labia pudendi showed the bottom of the vagina completely closed, as also manifold explorations by probes of all kinds, made it evident, that no communication existed with the uterus. The membrane of the vagina had lost the character of a mucous membrane, and was dry and without the specific secretion. The internal manual exploration being very painful, and the callous, scarred state of the upper end of the rudimentary vagina making the exploration more difficult, it was impossible to settle, whether there existed above the closing cicatrized cord a residue of the former regular upper part of the vagina, tightly filled with blood, or whether the uterus was in immediate contact. The finger exploring through the rectum at once hardly an inch above the anus, touched a spherical tumor as big as the fist, that

could be nothing but the reflexed and distended fundus uteri, and that when moved a little communicated the movement distinctly to the tumor of the right ovarium and *vice versa*. This result of the exploration of course hardly allowed any doubts for the diagnosis, nor for the prognosis; for the intervening cicatrix being so very strong and tough, the natural secretions and excretions of the several organs, together with those heaped up already, could not be expected to force their exit, and that, therefore, the patient's life probably very soon would be destroyed if surgical aid were not resorted to; the more so, as not only the patient by the most distressing pains was already almost exhausted, but also the danger was near at hand, that the distended ovarium or the tube should burst and be followed by a fatal peritonitis. Therefore, Dr. Wagner and I at once determined to undertake the operation without delay, on the 12th of January. The patient was then laid across her bed in a position similar to that for the operation of lithotomy and then anæsthetised. Dr. Wagner stood at her left side, the index finger of his left hand in the anus, and with the right hand holding a silver catheter lying in the bladder. I knelt down between her legs, brought the index of my left hand into the vagina like a probe, upon which I introduced a very fine-pointed and somewhat-crooked tenotome with the edge upon the concave side. The attempt always to feel with my index finger whether the knife is not approaching either Dr. Wagner's finger in the anus or the catheter, may theoretically easily be recommended, but in practice it is a good deal more difficult, especially in a case where the rudiment of the vagina was so very contracted. In an equal distance from rectum and the catheter, I penetrated the vagina, and pressed the knife rigorously forward about half an inch deep, till I felt that the resistance was yielding; then I dilated the opening externally by the incision about half an inch long, whereupon thick tar-like blood commenced flowing out, and in this way indicated that the first success was attained. In the meantime, the patient began to manifest great debility. The pulse becoming imperceptible, respiration was more accelerated, and only the first mitral sound was to be heard distinctly and almost always

coincident with a deep respiration, a sign which we should be always mindful of, as it reminds us immediately to cease the anæsthetic, even when the state of the pulse does not yet seem to require it. By the application of ether, cold water, etc., we soon succeeded in checking the effect of chloroform, and the patient was removed to her usual bed-position. The dark blood continued to flow away slowly and sparingly, perhaps six ounces in the first two hours.

Then, at once, in the afternoon, from one to three o'clock, about two to three pounds of blood of a very offensive smell, mixed with black and quite solid coagula, was expelled under moderate pains. At five o'clock P.M., pulse ninety-six beats, small, irregular; the ovarium tumor in the right side had become smaller and was already sunken down into the pelvis, so that it only could be felt by deep pressure. The fundus uteri palpable through the rectum equally had decreased in size and now stood fully two inches above the anus entrance. Evidently the blood oozing during the first two hours had come from a space between the rudimentary vagina and the uterus; when this space was emptied the fully retroverted uterus was able to rise again; the orificium uteri, during the rising of the organ, withdrew from the symphysis and the bladder against which it had been pressed in the former pathological position; and in this way, now two hours after the operation, the uterus, the tubes, and the ovaria, began to empty themselves. The following day a piece of compressed sponge was introduced into the incision. The patient feels comfortably. The third day, no further flowing, and suddenly all the symptoms of a circumscribed but rather acute peritonitis arose. The sponge was instantly removed. Pains during the night almost unbearable, pulse small (100), towards evening, 108 beats. A little blood oozing out again at noon. The 15th of January, in the morning, pulse 148, nose pointed, cheek red, cold sweats, cool extremities, the abdomen to the navel very tender and painful when touched; only a little purulent, bad smelling fluid from the vagina; in the evening some more flow, pulse down to 132 beats, stronger. Under the proper external and internal treatment, the symptoms of the peritonitis, so dangerous for the patient's life, by

and by abated, after three days, though the tenderness of the abdomen and vagina, the costiveness and the fever, made attentive care necessary for another week. At this time also the purulent flux stopped, and pure blood oozed till the 24th of January. Then the tumor in the high ovarium region had totally disappeared, nor was any tumor felt through the rectum. An elastic catheter can easily be introduced through the incision in the cervical canal and uterus, which therefore has assumed a very favorable position. The well known glairy secretion of the cervical canal is always emptied by this manipulation. However, only a small space seems to exist between the present vagina and the cervix uteri. The introduction of a catheter in this way was continued from four to six weeks, about every other day, till the fear could be abandoned that the incision might unite again. Meanwhile the menses have returned three times regularly in intervals of three weeks. The woman is now enjoying good health and strength as before her confinement. The vagina is widened and quite a finger long, certainly a striking contrast to that state in which we had found it. The incision well cicatrized in its circumference has almost entirely disappeared, but allows a two line catheter to enter into the cervical canal without difficulty. Thus the cure may be considered a complete one; and one may perhaps only regret, that the constriction has not been opened and widened so far as to lodge in it the cervix uteri as in another fundus vaginæ, and to cause a fastening of the cervix with the surface of the incision by adhesive inflammation. However, the next success is the best; the more so, as it is very doubtful whether the experiment to try the latter operation would not have been followed by a rapidly fatal peritonitis—the latter having been dangerous enough in our method of limited operation. But a more difficult and important question, I suppose, arises, what will be done in case of another conception—a matter worthy perhaps a further discussion?

Chicago Med. Journal

ARTICLE II.

CASE OF CANCER OF THE PYLORUS.

BY RALPH N. ISHAM, M. D., CHICAGO.

J. O., a Prussian by birth, thirty-two years of age, single, of temperate habits, has, with the exception of two attacks of rheumatism, always enjoyed good health. No hereditary tendency to disease traceable; father and mother still living. His occupation has been that of house painter, and recently a fruit dealer.

Previous History.—The first indication he had of his present disorder was in November last, when he vomited after eating pork or anything sour, and to such an extent did this symptom annoy him, in the space of a few weeks, that the stomach would only retain beef, soup, coffee and tea. On the 1st of January, after drinking two glasses of beer, and feeling a disagreeable sense of nausea, he procured from a druggist an emetic powder, which produced violent emesis. From that day he was unable to work, and since the 10th has been confined to his bed. He has had discharges of a black foetid character several times recently, and has vomited "coffee-grounds" material once. This symptom of melæna has only appeared when preceded by violent efforts at vomiting, or the use of cathartic medicine. The ordinary stools have consisted of hard scybala. He states that he has felt a tenderness in the epigastric region for three months; that his attention was first called to it after a "severe vomiting spell;" that it has since increased until the weight of the bed-clothes causes pain.

Present Condition, March 11th, 1858.—He has to assume the semi-erect position on account of local tenderness, and complains of occasional sharp pains through the abdomen; is very weak; the act of vomiting is not accompanied with any voluntary effort; has a sallow complexion of skin, with a somewhat anxious expression of countenance; complains of flatulence; the food is rejected by the stomach within half an hour after eating, unless of a fluid character, and in very small quantities; the urine is scanty and loaded with urates, presenting that pink

variety of uric acid deposit, regarded by many as characteristic of constitutional malignant disease; bowels are constipated; pulse 80; tongue coated with a dirty white fur; complete loss of appetite, with insomnia. There is in the epigastric region, midway between the cartilages of the false ribs, a hard tumor the size of a billiard ball, which-transmits the pulsations of the aorta, but gives no thrill or lateral dilatation; dulness on percussion over the stomach; no enlargement of the liver or spleen; nutrition moderate.

Diagnosis.—Scirrhus of the pylorus.

Tuesday, March 20th. Patient has been a little better yesterday; has considerable fever, and a miliary eruption covers the body; complains of a "gnawing and burning" sensation of the stomach and throat, with insatiable thirst; vomiting still continues, but not to same extent as before; the patient considerably emaciated; the countenance is more anxious; oedema of the feet first noticed to-day; the tumor and tenderness of the epigastrium are still present.

My friend, Dr. Denniston, and also Dr. Wagner, who kindly prescribed for the patient during his late illness, agree with me in the diagnosis made.

The patient died, April 10th, but for many days previously had been comparatively free from pain.

Autopsy, 12th.—Twenty-six hours post-mortem. On section of the abdomen the stomach presented a dull, anæmic appearance, and was thickened in its structure. The pylorus was involved in a crude cancerous mass, of a friable, lardaceous, and half-suppurating character, the size of an orange; all the coats were lost in the tumor. The peritoneum and liver were adherent where normally in contact. The intestines were partially filled with scybala. No effusion in the abdomen.

The examination was not extended to other organs, through respect to the wishes of friends.

That the mucous coat was the last which suffered erosion from this disease is proved by the fact that the coffee-grounds vomit did not appear until a late date, as also the gnawing pain and excessive thirst, accompaniments of the inflamed mucous membrane; whilst the acute pains, symptomatic of disease of the

outer coat, were also amongst the last distressing symptoms; we are forced to conclude, that the muscular coat was the first attacked, and not the mucous, according to the pathological rule urged by many recent writers. "It is whilst the serous coat is undergoing disorganization that the patient suffers the acutest pain; and when the local tenderness is excessive, it may account for the adhesive inflammation, as in this case, though very common in both cancer and *ulcer* of the stomach. That many, if not all, of the prominent symptoms in this case might have been those of gastric ulcer, I would urge as a rule, that *it is never safe to pronounce a diagnosis of gastric cancer unless the tumor can be distinctly felt.*

One of the diagnostic marks between these two diseases is the position. Whilst the favorite seat of the malignant disease is the pylorus, in the proportion of 219 cases out of 360, that of the ulcer is only 25 out of 360, in a situation which might be mistaken for the pylorus; the greater number, 177, being found on the posterior surface.

In regard to age, 600 cases afforded an average of 50 years, and at 32 (that of this subject), as compared to ulcer of the stomach, the relation is as $31\frac{2}{3}$ to 49 in 100 cases. The liability to this disease of the male over that of the female is double, up to the age of 60 years.

The cachectic appearance, which is justly considered a strong symptom in malignant disease when accompanied with emaciation, is not apt to be confounded with simple jaundice, yet, contrary to the general supposition, may be imitated by ulcer of the stomach to that degree as to defy distinction, and, of course, is only valuable in connection with *other* signs.

ARTICLE III.

MILK-SICKNESS.

BY J. P. DE BRULER, M.D., ROCKPORT, IND.

DR. BYFORD,

SIR,—I propose briefly to comply with your request with reference to milk-sick. Dr. Crooks informs me that he has

written to you upon the subject, and as his views on the pathology and treatment of the disease mainly correspond with my own, I will confine my remarks principally to its *etiology*. I assume that the disease is produced by an *animal* poison, and offer the following reasons in support of that position.

In the first place, it would probably be profitable to see what it is not. It is certainly not any mineral or vegetable poison, with the properties of which we are acquainted. Poisons of these two classes usually produce death by their caustic or excoriating effects, as arsenic, by their narcotic, as opium, or by a violent and overwhelming effect upon the nervous system, as strychnine, etc. But in no instance do we know of their possessing the power of accumulation *per se*. They have not the vital principle of development. There can never at any time be more in the system than was taken in by the animal. Hence, an animal which should receive enough of this poison into her system as to produce death, could not by her flesh or secretions destroy a dozen equally as strong and healthy as she was; much less could we suppose, that the animals which received the secondary poison could be capable of producing the same destructive results.

Now, if the poison which produces milk-sickness does possess this accumulative power, are we not driven to the conclusion that it *is not* any vegetable or mineral poison with which we are acquainted. But can we sustain the hypothesis that it is an animal poison? I do not pretend to say that we can, but analogy now comes to our aid, and at least favors the supposition. Some animal poisons do not possess this vital principle of reproduction, as for instance, those poisons generally called venoms. The poison of the viper, hornet, etc., are undoubtedly the result of organization; but its vitality is of so low a grade (if you will allow the expression), that they do not possess the power of reproduction.

But there is a large class of animal poisons commonly called infections, which do possess the power of self-propagation, whenever they are placed in a proper condition for such development. One rabid dog could probably infect a score or more, and they in turn produce the disease in an equal ratio.

The same is true of small-pox, measles, psora, etc. Now, it is known to be the result of an insect which is capable of reproduction to an indefinite extent. We do not know that all infectious diseases are thus propagated, but there is something in their manner of expansion which would seem to favor the opinion that they are. In the first place, we must come in contact with them in some way, either by direct contact, or through the atmosphere. And then there is a period of incubation, which has a greater or less relation to a fixed time. For instance, nobody ever took small-pox in five days, nor probably in two or three weeks after exposure to the infection. A certain time seems necessary for the development of the disease, or what, to my mind, is more probable, for infusorial development. If the disease is not infusorial, how can we account for the fact, that it is so much more dangerous when received by inhalation than by inoculation? If the disease is produced by animalcules, we may, with some plausibility, account for this difference by the hypothesis, that these animalcules are essentially different, or more probably, in different stages of their development, from those floating in the atmosphere, possessing some peculiar power capable of producing the more violent result. Dr. Mussey saw and described very carefully infusorial in a drop of condensed vapor near a cholera patient, and these seemed to be in various stages of development.

Now you can elaborate this idea without my saying more about it, as well as I can. Infectious diseases are sometimes the result of animalcule. May they not *always* be produced in the same way? Is not the fact, that these poisons possess the power of self-accumulation, proof of this position? Now, have we any proof that the poison of milk-sick bears any relation to any of these animal poisons? It seems to me that the principle which bears a fixed and acknowledged relation to all infectious diseases, should be our starting point. Is milk-sick, or the poison of milk-sickness, like the poison of all infectious diseases, accumulative? If so, is not this in obedience to a vital law? And is not the *infusorial* hypothesis more reasonable than that our systems do somehow or other possess the power of manufacturing this poison?

With reference to the accumulative power of the milk-sick VIRUS, I will relate the following fact which fell under my own observation:—A gentleman of this town had a cow which run at large, caught the disease, and gave it to her calf. The calf died, and his dogs eat the flesh of the calf; they, in a few days, sickened, with all the ordinary symptoms of TIRES, and both died. A pet crow was seen eating the dogs, in a few days it refused to eat, could scarcely be made to hop or fly, as was its custom when in health, and in a day or two died. I should have been glad to have pursued this subject further, but the crow was thrown away by some of the family before I knew that it was dead. It was, however, conclusive proof to my mind that the poison had passed through four successive animals (if you call a crow an animal) and lost none of its virulence.

Do not the above facts to some extent refute the theory of its production by the *rhus toxicodendron*, arsenic, or any known vegetable or mineral poison with which we are acquainted. True, the *rhus toxicodendron*, and probably many other plants, may afford the proper nixus for these infusory animals or insects, and may supply them with appropriate food for their development, and in this way many diseases that are now acknowledged to be infectious may have had their origin.

Of the pathology of the disease I do not profess to know anything. I have never made a *post-mortem* examination. The late Dr. S. P. Cisna, of this place, informed me that he had twice. One was a case that died in a few days after the attack. In this he found the usual evidences of an active inflammation of the stomach, and particularly of the pyloric region. The other was a protracted case (I forget how long). In this he found the pyloric orifice and most of the duodenum so thickened and contracted that he could scarcely pass a probe through this outlet of the stomach.

I need say nothing in relation to the treatment, for I have heretofore given you my views and experience; and I may have given you the opinions above indicated, but if so, I have forgotten it.

ARTICLE IV.

READ BEFORE THE COOK CO. MEDICAL SOCIETY, BY J. W. BENSON, M.D.

MARSHALL HALL'S READY METHOD IN ASPHYXIA OF THE NEWLY-BORN, ETC.

GENTLEMEN,—Since our last meeting, I have had occasion to test and profit by the efficacy of Marshall Hall's ready method in asphyxia of the newly-born.

On the 9th January, my professional services were required in the case of Mrs. H. After a somewhat singular and rapid labor, the head of the child emerged. The umbilical cord was twisted around its neck. Some delay occurred before complete delivery was effected. The child was asphyxiated; no evidence of life was apparent. There was not any discoloration from congestion about the lips or fingers, but the entire surface was of a bronze color. I immediately exposed her face to the air, without removing her from the bed. Placing my right hand expanded over the chest, and my left posteriorly and upon the shoulder, her axilla resting between my thumb and forefinger, I was enabled to place her alternately upon her side and chest, while by the disposition of my hands I could aid the contractions of the chest at proper periods. No other means whatever were resorted to, and after a few minutes (ten at least, according to the bystanders, but rather less in my own opinion), I had the satisfaction of observing efforts at respiration, which although feeble at first, soon became more than sufficient. A too active condition supervened, the lips and fingers became blue, a frothy saliva flowed from the mouth, but by the application of heat and friction to the surface and extremities, these symptoms soon passed away. The result of this case induced a retrospective glance at my experience in similar cases, and I must confess that, so far as appearances warranted, or human nature could make comparisons, I have lost cases, which, by this method, might have been saved.

HYSTERIA FROM CHLOROFORM.

On the 22d January, I was called to visit Mrs. M. She had

inhaled chloroform, the previous evening, because of severe pain in her chest. Her extremities were cold, her pulse small and frequent. She was vomiting incessantly, was perfectly conscious, but speechless.

The pain in her chest recurred in apparently agonizing paroxysms, during which by pantomime she well described the globus hystericus. Her idiosyncrasies from childhood were many and peculiar. She has been insane. I had some of the ammoniated tincture of valerian which I proposed to give her, but the odor of it induced so severe a paroxysm that those around feared she was dying. Determined then to depend more upon a mental impression than medication, I remarked that there need not be the slightest apprehension regarding her case, for I was satisfied that I could arrest the vomiting and allay the pain in less than ten minutes. Dropping some of the compound spirits of lavender into water, I ordered a teaspoonful to be given and repeated in two hours if necessary. The first dose was sufficient. She fell into a quiet slumber, from which she awoke in about two hours. A modified recurrence of the vomiting was arrested by a bowl of oyster soup.

In reference to my observation of the effects of chloroform in different cases, the following may be briefly noted:

CASE 1. A lad upon whom I operated for hare lip. In this case there was an almost instantaneous depression of the vital powers. He sank pulseless, but soon revived.

CASE 2. That of a negro woman, whose mamma I removed. In this case there was profound stupor for several hours after the completion of the operation.

CASE 3. A child, aged $3\frac{1}{2}$ years, upon whom I operated for stone in the bladder. In this case there was high excitation and wild raving delirium, breaking out in the fiercest oaths and imprecations, while at the same time there was not any perceptible consciousness of pain.

CASE 4. That of a gentleman, upon whom I operated for stricture by subcutaneous incision. In this case there was perfect consciousness of all that was passing and of every word that was spoken, but complete insensibility to pain. The gentleman, who is a high official, stated that he felt the knife

dividing the part, but the sensation was not accompanied by the slightest pain.

CASE 5. A man whose leg I amputated. In this case, well marked opisthotonos was speedily produced, and we were compelled to discontinue its use and resort to stimulants. I have not seen death result from its administration. Whether the different effects I have alluded to, were caused by the different qualities of the article used, or by peculiarities of constitution in the individual cases, I am not prepared to determine. I cannot agree with those who attribute all singular and morbid effects to the deleterious quality of the impure article. I am satisfied that, however pure it may be, there are cases, such as numbers one and five, in which it would soon cause death.

ARTICLE V.

TWO CASES OF OVARIAN DROPSY SUCCESSFULLY TREATED.

BY J. H. BROWER, M.D., LAWRENCEBURGH, INDIANA.

The treatment of ovarian dropsy, by *tapping with pressure*, with a view to radical cure, has been presented to the profession by Mr. J. B. Brown, surgeon-accoucheur of London, in a valuable and lucid summary, of extreme importance to the profession. In the selection of cases, to which Mr. B.'s mode of treatment is specially applicable, a correct diagnosis is of the first importance. He considers unilocular cysts without adhesions, and with clear and not albuminous contents, as presenting the most favorable cases, especially where time and the condition of the patient admit of the persevering application of pressure; but that even cases of multilocular disease and others, where adhesions exist, may be materially benefited or retarded in their growth by pressure.

In tapping the ovary, Mr. B. lays the patient on her side, and prefers a large instrument, and insists that tapping with pressure should always be combined, both as a matter of precaution, when the origin of the cyst is obscure, and as affording increased probability of cure in any case. Compresses

of lint or linen should be so arranged as to present a convex surface, adapted as nicely as possible to the concavity of the pelvis; over these, straps of adhesive plaster should be applied so as to embrace the spine, meeting and crossing in front, and be extended from the vertebral articulation of the eighth rib to the sacrum. Over this strapping, a broad flannel roller, or a band with strings and loops which tie or lace in front, may be applied. A strap around each thigh will prevent them from slipping upwards. The bandages and compresses will require occasional adjustment, lest by an unequal pressure, the bowels or bladder may be subjected to inconvenience, and the crest of the ilium should be protected by some soft material.

The effect of pressure *before* tapping is fourfold in its operation. It sometimes retards the filling of the cyst; it may prevent the increase of the tumor; it sometimes brings about absorption of the whole contents; or lastly, it may produce a rupture of the cyst into the vagina, rectum, or peritoneum. *After* tapping, pressure tends to prevent the refilling of the cyst, probably, by compressing mechanically the bloodvessels which supply the fluid. The use of pressure is countenanced by its known good results in dispersing various tumors, or in arresting their growth, as in hydrocele, by strapping the scrotum. When tapping with pressure is resorted to as a means of cure, or even with the view only of retarding the progress of ovarian dropsy, medicines to stimulate the functions of the various abdominal organs, to correct faulty secretions, and generally to improve the health and strength, should also be administered.

The results of this plan of treatment, in a considerable number of cases reported by Mr. Brown, and others, have been extremely favorable, and should induce us to give it a trial. A case of unilocular encysted ovarian dropsy, in the practice of Dr. D. J. Jessup, of Ohio county, with whom I was associated in its treatment, and in which the above process of operation and management was faithfully carried out, ten pints of clear fluid have been drawn off by the trocar under his supervision, has resulted in a radical cure of the ovarian disease and restoration of general health, six months having elapsed without any appearance of a return of the disease. In 1845, a case of a

similar character, with the exception, that two distinct cysts occupied the right hypochondriac region, occurred in the practice of Dr. R. H. Torbet, of Dearborn county, upon which I practised the same operation, and after treatment, both cysts having been tapped at one time; after the evacuation of the fluid, amounting in both cysts to nine pints of turbid and albuminous fluid, firm and continuous pressure, by abdominal belts and compresses, was made; in the course of the first forty-eight hours, severe peritonitis set in, which was promptly subdued by venesection and calomel with opium, and with no other untoward event, the case progressed to a final and radical cure, the patient now enjoying perfect health. In both of these cases, iodine frictions over the abdominal surface, in connection with iron and hydriod. potass. internally, seemed materially to aid the cure.

ARTICLE VI.

WABASH, INDIANA, MARCH 27, 1858.

N. S. DAVIS, M. D.,—Allow me to offer for publication in the *Chicago Medical Journal*, the following case. I think it interesting, from the fact, that no trace of phthisis is known in the history of my ancestry, so far back as grandparents on either side. Could there be a phthisical origin farther back? I know of no cause save two years' confinement in an unventilated studio.

CASE OF HÆMOPTYSIS.

I, J. M. K., aged twenty-two years, a medical student, of a sanguine bilious temperament, was attacked August 1st, 1857, with hemorrhage from the lungs (while sitting in the office), ejected half a pint of florid blood, having no premonitory symptoms save an immediate ebullition in the chest; had been rather anæmic for several months; had a tooth extracted carefully by a dentist on the 4th of July, 1857; hemorrhage proceeded from the orifice, and was not arrested, notwithstanding the efforts made to do so, for nearly twenty-four hours; pulmonary hemorrhage recurred every night for several successive nights, sometimes twice in the same night; ten grs. of plumb. acid, and $\frac{1}{4}$

gr. ipecac., had been administered every four hours, together with gallic acid, wine of ergot, acid. tannic., and other astringents; pulse generally 100 to 110 per minute when from under the influence of sedatives, but was easily controlled by the use of tinc. of verat. viride. In addition to the above, rem. quinine was administered, to the effects of which, as well as to astringents, the disease was in no way amenable, but continued to recur at least once in forty-eight hours, up to September 2d, a space of thirty-two days. During the last few days of the disease, terebinthina was administered in fifteen to twenty drop doses *every three hours*, to the effects of it, and *it alone*, the disease yielded. I continued the use of trebin., in small doses, for a week or two after the hemorrhage ceased. I had a slight cough during the time the hemorrhage lasted, but have coughed little since; expectorate some, the appearance of which is not characteristic of pus as described in medical works. It is now five months since the last hemorrhage, and I feel quite well, but am using oleum jec. acelli in rye whisky, as an agent to ward off phthisis, for I think I have had a premonitory symptom at least of its incipient stage. I have not resumed the study or practice yet; think I had best spend the summer on some of the northern lakes, and think I will be an inmate of the Rush Medical College next fall and winter; would have been last, but was prevented by ill health.—Yours truly, a lover of Esculapian science,

JAS. M. KINDALL.

ARTICLE VII.

A gentleman requested me last month to see an infant born the same day, which he said was "busted." I arrived at noon, found the stomach and intestines, except a portion of the rectum external to the abdomen, protruding through an opening about two inches long, by the side of the umbilicus. It died the following morning at ten o'clock. I made a post-mortem examination, found that the opening showed no indications of violence. The œsophagus was attached to the stomach, and seemed to be somewhat stretched. The other parts were *in situ*.

S. W. WALLACE, M. D.

Black Earth, Wis., Dec. 4, 1858.

ARTICLE VIII.

TRANSLATED BY THOMAS BEVAN, M. D.

RESEARCHES ON THE ORIGIN AND CONDITIONS OF EXISTENCE OF
EPILEPTIFORM CONVULSIONS, FOLLOWING HEMORRHAGE, AND
ON EPILEPSY IN GENERAL.—BY A. KUSSMAUL AND A. TENNER.

The authors of these important researches have taken as a motto the following phrase of Esquirol: "Let us confess frankly that the progress of pathological anatomy, up to the present time, has shed no light upon the immediate seat of epilepsy. It must not, however, discourage us; nature will not always rebel against the efforts of her investigators."* The authors believe to have found the solution of the principal questions relative to epilepsy. I am not entirely of their opinion. I believe, on the one hand, that some of the solutions they publish do not appertain to them, for I had arrived at the same conclusions before; on the other, some of the solutions they propose appear to me erroneous or insufficiently demonstrated. However it may be, they have at least the merit of having approached with profound physiological knowledge (which was indispensable) the study of the phenomena of epilepsy, and of having sought to resolve the numerous questions relating to them, by the aid of rational experiments, and from the comparison of experimental facts with the pathological facts observed in man, I hasten to say, if they have emitted as "new" opinions which I had already proposed, it was evidently because they were unacquainted with my publications in this relation.

Want of space will oblige me to limit myself to the conclusions of Kussmaul and Tenner, adding simply a few remarks.

"1. The convulsions which supervene in cases of hemorrhage in warm blooded animals and in man, are similar to those observed in epilepsy."

This is not a new opinion. In old times, physicians have noted this analogy; and of late years, Dr. C. Bland Radcliffe has in-

* "Avouons franchement que les progres de l'anatomie pathologique n'ont jusqu'ici repandu aucune lumiere sur le siege immediat de l'epilepsie, cependant il ne faut pas se decourager; la nature ne sera pas toujours rebelle aux efforts de ses investigateurs."

sisted on this resemblance, because it was of much importance for his theories of muscular contractions and epilepsy.

"2. The same form of convulsions is manifested when we suddenly prevent the passage of red blood to the encephalon, by ligating the large arterial trunks at the neck."

"3. Epileptiform convulsions likewise occur when the arterial blood takes the character of venous, as after ligation of the trachea."

Marshall Hall showed a long time ago the resemblance between convulsions due to strangulation and those of epilepsy. What remained to be done in this relation was to show why asphyxia, why loss of blood, and why ligation of the carotid and vertebral arteries determined convulsions similar to those of epilepsy.

"4. It is very probable that the production of convulsions in those different cases depends upon the sudden interruption of the nutrition of the brain. This production does not depend on the changes of pressure which occur in the encephalon."

This is one of the fundamental points of the theory of Kussmaul and Tenner. They have arrived by the aid of very interesting experiments to emit an opinion which very much resembled those of several English physicians, and particularly those of Dr. J. R. Reynolds. For myself, I do not deny that a change of nutrition in the brain might engender an agent of excitation which, stimulating this organ, could determine epileptiform convulsions, but I believe it is much more probable that these convulsions are due to excitation caused by principles which are produced in much more than ordinary quantity in the stagnated blood filling the capillaries of the encephalon. The only one of these principles that I know, and perhaps no others exist, is carbonic acid. I have given this view of the subject in my book on epilepsy.*

"5. The epileptiform convulsions due to hemorrhage do not proceed from the medulla spinalis."

* Researches on epilepsy, its artificial production in animals, and its etiology, nature, and treatment in man, Boston, 1856-7. These researches were first published in the *Boston Med. and Surg. Journal*, from Nov. 1856 to Oct. 1857. Several of the new theories there detailed had already been emitted in a communication that I made to the Med. Society of the XII. Arrondissement of Paris in Oct. 1856.

This proposition is not correct, which has misled the excellent observers whose ideas I expound; it is true in rabbits, animals upon which they have especially experimented. There is scarcely a trace of convulsive movement, where, after having cut the spinal cord across, we determine a hemorrhage, or when we suppress the circulation in the spinal column without cutting it, by the proceeding that Kussmaul and Tenner indicate; but in other animals, the sheep, according to Marshall Hall, the Guinea pig, birds, and even, but to a less degree, in cats, and also sometimes in dogs. After what I have observed, there are considerations where the spinal cord suddenly ceases to receive blood, especially if it be separated from the cervical region. To render the proposition of the authors we criticise strictly true, we must say the epileptiform convulsions due to hemorrhage do not proceed but in small part from the medulla spinalis.

"6. These convulsions are not due to the brain."

I have demonstrated, in a manner differing from Kussmaul and Tenner, the exactitude of this proposition, having removed the brain from epileptic animals, and the attack continued almost as before.

"7. The central seat of the convulsions is especially to be sought in the parts of the encephalon posterior to the thalami optici."

This results also from my own experiments.

"8. Anæmia of the parts of the brain anterior to the crura cerebri in man produces loss of consciousness, insensibility, and paralysis. When it is joined to convulsions, it ought to be attributed to alterations of the excitable parts behind the optic thalami."

I had tried to establish before Kussmaul and Tenner these two fundamental propositions: first, that in epileptic vertigo with or without convulsions the vessels of the cerebral lobes contract and chase the blood from this organ, and in consequence determine in it the condition present in syncope; second, that the cranium does not permit sensible atmospheric pressure to act upon the brain, it suffices that the cerebral lobes receive less blood, for the base of the encephalon to receive more, which

for several reasons that I have mentioned in my work on epilepsy, contributes to the production of convulsions.

"9. Anæmia of the spinal cord produces paralysis of the members of the respiratory muscles and those of the neck. If the diminution in the quantity of blood be sudden and considerable, there is sometimes but rarely tremors in the limbs preceding the paralysis. The sphincter of the anus comports itself similar to the sphincter of the eye; at the time of the anæmia of the brain, it contracts convulsively before relaxation."

I repeat, the convulsions are less strong in rabbits than in other animals.

"10. Convulsions in cases of hemorrhage are not due either to a moral cause or to a reflex influence."

I have tried to demonstrate that these convulsions were especially due either to excitation by carbonic acid, aside from the reflex influence of the cephalo-rachidien center, and in this my conclusion differs from that of the authors I criticise.

"11. Convulsions from loss of blood do not occur.

"a. In cold-blooded animals (at least in frogs).

"b. When the loss of blood is made slowly, so that the forces are gradually exhausted.

"c. When the animals are very feeble.

"d. When the nutrition of the spinal cord has been impaired.

"e. When large portions of the encephalon have been extirpated.

"f. In etherized animals.

"Without doubt, also, when the excitable parts of the brain have undergone some pathological modification."

It belongs entirely to Kussmaul and Tenner to have determined the influence of several of these circumstances, but they have not explained how this influence is produced. I will soon show that this explanation is very easily given, by admitting, on the one hand, that it is carbonic acid which excites the convulsions, and on the other, that it is necessary to have a sufficient quantity of the excitant, and a certain degree of excitability, that the convulsions may be produced.

"12. The brain in warm-blooded animals cannot be deprived

of blood but for a short time without losing the power of re-establishing its functions under the influence of the nourishing fluid, and apparent death is transformed into veritable dissolution. The encephalon in rabbits has preserved this power during two minutes."

It is very true what Kussmaul and Tenner believe impossible. It is in general for the dark blood, but for the red blood it is otherwise. (See the above proposition in my memoir on the properties of the blood, p. 117 to 126).

"13. It sometimes happens, after ligature of the vessels of the neck, that the muscles of the trunk and members die, and cadaveric rigidity manifests itself before the movements of the left side of the heart cease. The left side of the heart is not always therefore the *primum moriens* of the muscular system."

A long time ago I published facts analogous to these. I showed that cadaveric rigidity occurred in the posterior parts of a living animal, after ligation of the aorta. (*Comptes rendus de l'Academie des Sciences*, 1851, Vol. XXXII., p. 855 et p. 897). I had already seen cadaveric rigidity manifested in the face, neck, and members, while the heart was yet beating. (*Comptes rendus de la Societe de Biologie*, 1^{re} Serrie, Vol. II. 1850, p. 154.

"14. The contraction followed by dilatation of the pupils during the agony is not a certain sign that death will inevitably follow, and that the return of life is impossible, as was believed by Bouchut."

"15. For the cure of convulsions occasioned by the absence of blood, there is no means more suitable than the return of the red blood."

"16. The antiphlogistic method (affaiblissante), and especially bleedings, ought to be always rejected in the treatment of epilepsy."

"17. The quantity of blood in the cranial cavity during life can be notably augmented or diminished by the aid of experiments."

"18. The quantity of blood is augmented in the cranial cavity, when the arterial current is allowed to re-establish itself, after having interrupted it by ligating the large arteries of the

neck (arterial congestion), when we ligate the veins of the neck (venous congestion), also when we cut the two cords of the great sympathetic nerve at the neck (arterial and venous congestion), lastly, when we tie the trachea during inspiration (venous congestion by asphyxia)."

The preceding propositions are not strictly correct. Certainly, the quantity of blood in the brain may vary, but only within very restricted limits. It is certain also that the quantity of blood can be notably augmented in *one part* of the cranial cavity, but only on the condition of a diminution in another part, which takes place especially when the great sympathetic is cut on both sides at the neck.

"19. Diminution of the quantity of blood in the cranial cavity is produced by hemorrhage and ligation of the arteries at the neck (passive anæmia), by galvanic irritation of the nerves of the vessels of the head (active anæmia)."

The galvanization of the great sympathetic nerve, as Callenfels and Donders have found, and as I have myself often seen, only acts upon certain bloodvessels, and the diminution of the quantity of blood in this case, as in the others (hemorrhage and ligation), is only local, and cannot operate when the cranium is not open, without there being augmentation in other parts, so that the anæmia of one part is accompanied by congestion of another.

"20. There is more blood contained in the cranial cavity after ligation of the arteries than after hemorrhage. The diminution of the quantity of blood always occurs equally in the small arteries, capillaries, and the smallest veins."

The small vessels generally empty themselves more than the medium and large veins and sinuses, which contain more blood as the small vessels are more empty.

"21. It is rarely possible to draw a just conclusion of the quantity of blood that exists in the cranial cavity during life by what is found after death. The last agony is accompanied by numerous circumstances which modify the current of the blood in the cranium, and it is possible, changes in its quantity operate even after death."

Changes in the absolute quantity of blood may certainly

occur; the quantity of the cephalo-rachidien fluid may be slightly modified; but atmospheric pressure, being almost without effect on the encephalon, the variations in the quantity of blood in the interior of the cranium cannot be considerable. Displacements may however occur, and one part may empty itself while another becomes exceedingly distended.

"22. The phenomena of the incomplete epileptic access proceeds from alteration of the brain, but those of the complete attack arise from alterations of the entire encephalon. Epileptic convulsions are rationally considered as in their source encephalic, and the spinal cord has probably only the *role* of a conductor who transmits to the muscles the excitations coming from the encephalon.

I have shown that vertigo, loss of consciousness, and insensibility, depend from the cerebral lobes not receiving blood, or not enough of it. As to the spinal cord, I have tried to show that it is not the principal source of the excitations which cause the muscular contractions, but that, at the period of asphyxia of the complete attack, it participates in the production of clonic convulsions; consequently, it is erroneous with Kussmaul and Tenner to attribute to it simply the part of a conductor.

"23. The anatomical alterations that have been described, or those most persistent, cannot be considered as the immediate cause of epileptic attacks, but only as circumstances that predispose to epilepsy."

This is what I have tried to demonstrate by chemical and experimental facts.

"24. Pathological anatomy cannot conduct us to any conclusion with regard to the nature of epilepsy."

"25. The sudden alteration of nutrition which modifies the normal condition of the encephalon, is not manifested until the moment of the attack."

These conclusions also result from my own researches.

"26. The arterial congestion does not appear to be capable of determining anything but the phenomena of paralysis (vertigo and apoplexy)."

This proposition harmonizes with the opinion emitted by my-

self, that it is especially carbonic acid that causes the convulsions in troubles of the circulation of the encephalon.

"27. Venous congestion of the encephalon, as well as arterial and venous congestion, engenders conditions which before being apoplectic are epileptic, and are characterized by reason of the paralysis of the glottis by a notable abasement of the respiration, and by less violent convulsive phenomena."

I avow I do not understand what Kussmaul and Tenner would say by this. Paralysis of the glottis never arrives as the initial phenomenon, and they do not explain how it can diminish the respiration and convulsions.

"28. It is not the *sphagiasmus* nor the *trachelismus* of Marshall Hall, but the *laryngismus* that must be accused as the source of that epileptic access. All the theories which make the epileptic attack result from a sudden afflux of blood, be it active, passive, or mixed, are false."

The trachelismus can contribute to augment the violence of an attack the same as all the other causes of cerebral congestion. The laryngismus plays a very great part in the production of an attack, but I believe I have demonstrated that it would not be true to admit that the principal part belongs to it. I have shown, besides, that spasm of certain respiratory muscles of the thorax have sometimes a greater part than that of the larynx in the production of epileptiform convulsions.

"29. It is probable that certain forms of epilepsy consist only in convulsions of the muscular walls of the vessels of the brain."

Before Kussmaul and Tenner I had endeavored to demonstrate, basing myself on the same experimental facts that they report, and others also, that certain forms of epilepsy, such as vertigo, etc., depend on contractions of the vessels of the cerebral lobes.

"30. The state that predisposes to the epileptic attack exists sometimes in the entire encephalon, sometimes in one part only, which produces in the rest an impaired condition that is the foundation of the epileptic attack."

I have only to say to this proposition, that I have tried to establish that the particular state that constitutes the predis-

position to the epileptic attack does not exist in the cerebral lobes, but in the parts which constitute the isthmus of the encephalon, adding perhaps a portion of the cervical cord.

"31. The medulla oblongata appears, inasmuch as it is the origin of the nerves of the constrictors of the glottis and the vaso-motory nerves, to be most ordinarily the point of origin of eclamptic and epileptic attacks."

I had already emitted this opinion, but in adding that the protuberance, and perhaps a part of the spinal cord, ought also to be regarded as points of origin of the convulsive attacks, not only because, according to my researches, they gave birth to the vaso-motory nerves, but for other reasons that may be found in my book on epilepsy.

E. BROWN-SEQUARD,

Journal de la Physiologie de l'Homme et des Animaux

RESEARCHES ON THE INFLUENCE OF THE NERVES IN
INFLAMMATION.—BY H. SNELLEN.

This interesting work is recapitulated in the following conclusions:

"1. Excitation of the nerves of sensibility determines, by reflex action, the contraction of the bloodvessels of the neighboring parts."

It may determine contractions of very distant bloodvessels: for example, the irritation of one hand by cold will cause the contraction, by reflex action, of the bloodvessels of the other hand, as M. Tholozan and myself had already found some six or seven years ago.

"2. The contraction of the bloodvessels is followed after a little time by their dilatations."

"There is not any proof that in the walls of the vessels there exists any other nerves than those that cause their contraction."

"4. The nerves of the bloodvessels modify nutrition, by acting upon the calibre of these conduits."

"5. The inflammatory process does not consist essentially in a modification of the nervous influence."

"6. The inflammation of the cornea that manifests itself

after section of the trifacial nerve, is not the direct result of absence of nervous influence in the ganglion of Gasserius."

This last point, which is the most important, is established by Snellen, by the absence of alteration in the eye, or, at least, in the cornea after section of the trifacial nerve, when he took care to cover the eye, holding the lids shut and covered by the ear of the animal. Under these circumstances, the drying of the cornea could not occur, and the light could not irritate the eye. I exhibited to M. Magendie, about nine years ago, that in frogs, after ablation of the medulla oblongata and Gasserius' ganglion, the two eyes remained in a perfectly normal condition entire months, so long as the animals were kept in a very cold, dark, and humid atmosphere.

E. B.-S.

BOOK AND PAMPHLET NOTICES.

ON THE USE OF IRON. By ISAAC CASSELBERRY, M. D., Evansville, Ind. Extracted from the *American Journal of the Medical Sciences* for April, 1858.

Dr. Casselberry is a hard worker in the profession. He has given great attention for many years to the pathology and therapeutics of fever, and recently produced two excellent papers, which have been extensively noticed in a very favorable manner by our cotemporary journals. They were on the Use of Quinine in Fever, and the Use of Water in the same disease. This last pamphlet of twelve pages contains much valuable information on the use of iron in fever and its sequela, and should be read extensively by the juniors of our profession in the west. We know no better way, however, to impress our readers with the merit of this production, than to present them with the following disconnected extracts. As to their discriminating judiciousness and practical utility, there will be but one opinion with the experienced.

After the employment of appropriate remedial agents, and the removal of the more manifest symptoms of fever, there often remains an impoverished condition of the blood, which is a fertile source of local dependant forms of disease, especially when, during the progress of fever, a chill from time to time

occurs. This condition of the blood is *sensitively* evinced by lesion of nutrition, loss of nervous energy, want of appetite, muscular debility, and more or less perversion of secretion; and *it is caused by deficient developmental intensity of the molecular combinations of the elements of the blood.* * * * * *

From the physiological fact that the globules do not contribute to the nutrition of the tissues until they have attained maturity; that they will not mature normally without certain increments of iron; that when these are normally present they greatly promote the developmental intensity and activity of the blood-cells; that they increase the capacity of these cells for the absorption of the oxygen of the atmosphere and for the secretion of carbonic acid gas from the blood, by which the globules assume a bright-red color; that the blood in this manner oxidized is conveyed and introduced into the capillaries, in which its elements are transformed, matured, and appropriated to the nutrition of the tissues, evolves animal heat, and absorbs the effete constituents of the transformed tissues; and that the pathological states which are produced are those which are dependant on imperfect molecular development of the globules, and the consequent deficient oxidation and depuration of the blood; we can appreciate the causes of the perverted condition of the different forms of the automatic nervous force, the abnormal forms this force assumes in the molecular combination of the elements of the blood, when all development is deficient, and the best means to effect its tranquility and early restoration.

Iron is the most efficient agent to promote the normal restoration of these lesions, because it supplies the element required to promote the growth and maturity of the protein globules. The effects of few medicinal substances are more immediate or more remarkable than that which results in disease from deficient cell development from the exhibition of iron. * * * * *

Several of the compounds of iron are often given in larger doses than is necessary when the design is to promote the absorption of the iron into the blood. This observation applies especially to the carbonate, sulphate, and muriated tincture. The regeneration of the globules, when much diminished in quantity and altered in quality, must require considerable time.

That the efficacy of a ferruginous compound is not in proportion to the quantity of iron it contains is shown by the fact that many mineral waters are very powerful, though they contain less than a grain in the pint. This fact clearly evinces the necessity of the greatest care in the selection of the compound we are about to employ; because the efficacy of iron often depends on the compound used and its mode of administration. De-

ficient cell-growth, which occasions the necessity for the employment of iron, causes a vast multiplicity of symptoms, which are produced by the functional disturbance of the visceral glands. The compound of iron should, as nearly as possible, be adapted to the particular state of the digestive organs, that it may be readily absorbed and elaborated with the nutritive elements of the blood; for this is the only mode by which iron can promote the growth and maturity of the blood. Sir James Murray first recommended the administration of iron in the following mode: Dissolve one drachm of the bicarbonate of soda in four ounces of water; then add to this one drachm of the muriated tincture of iron. The draught should be taken during effervescence. It should be repeated three or four times a day. Although the quantity of iron is small, yet it is in a state of subdivision so minute as to favour greatly the absorption of each increment. The double decomposition which takes place forms, as one of its products, muriate of soda. This saline is most congenial to the development of the globules.

During the protracted continuance of fever, diarrhœa, dysentery, or any other form of disease, during the autumn or winter in the Southwest, the use of iron according to this suggestion of Sir James Murray, is often attended with the greatest efficacy, especially when the fever, or other form of disease, assumes what is usually termed a typhoid fever. The iron should be administered every three or four hours, alternated with other appropriate remedies. The minute quantities of iron and muriate of soda thus presented to the digestive and absorbant glands, which have been so long deranged and weakened, stimulate and promote the growth and maturity of their cells, and thereby favor the digestion and accelerate the absorption of any nutritive or medicinal substance. This will be clearly evinced by the increased secretion, which will take place in a day or two from the beginning of the use of the iron. The biliary, urinary, and cutaneous secretions will be greatly augmented; the tongue will become more moist, the thirst less urgent, and the sleep more tranquil.

AN ESSAY ON PROLAPSE OF THE FUNIS, with a New Method of Treatment. By J. GAILLARD TAYLOR, M.D., Physician to the Demilt Dispensary, New York City. Read, February 3d, 1858, before the New York Academy of Medicine.

This paper is intended to illustrate the importance of posture in the treatment of cases of prolapsed funis. It will be recollected that the axis of the superior pelvic strait and the uterine cavity is represented by a line drawn from a point just

above the umbilicus to the lower end of the sacrum. When, therefore, a parturient patient is supine, the umbilicus pointing from the most prominent part of the abdominal tumor, the axis of the uterine cavity will be represented by a line drawn at an angle of forty-five degrees above the horizon, and the sacrum and posterior wall of the uterus form an inclined plane, lubricated to vexatious slipperiness, down which the cord persists in sliding, despite repeated efforts to return it. Dr. Taylor, by causing the patient to assume the prone posture, with the knees drawn under her, suspends the umbilicus at the most dependent point of the abdominal tumor, and thus makes an inclined plane of the pubis and anterior wall of the uterus, *conveniently* slippery to allow the cord to slip toward the fundus uteri. It will be seen that by this management we counteract the most efficient cause of prolapse, and promote, by the power of gravity, its tendency toward the fundus instead of the os uteri, and cause it to fall *up* instead of *down*, so far as the *via-parturientis* is concerned.

Dr. Taylor suggests the following rules for our government in what he calls very aptly the postural treatment of prolapsed funis:

"1st. If the cord be detected in the unruptured bag, the woman should be placed in position before the water escape, and that no efforts at return of the prolapsed part be made by the hand. The position alone will, I believe, cause its return to the uterus, and if it does not, we may do so manually as soon as the waters escape."

"2d. That if the pelvis be so fully occupied by the presenting part as to preclude return of the cord by the hand, a gum-elastic catheter and tape to be used as a porte-cordon."

"3d. No manipulation should be commenced until the woman be placed in position."

"4th. In returning the cord, the whole hand should be introduced into the vagina. This is essential to success; the finger alone will fail."

This is an ingenious and we think promising method of remedying a perplexing and dangerous class of labors.

The pamphlet is illustrated by two drawings, which demon-

strate very conclusively the philosophy of the premises upon which the valuable suggestions of Dr. Taylor are based. One of the figures is the median section of a patient lying on her back; and the other the same turned on the face, with the hips elevated by placing the knees perpendicularly under them. We are thus explicit, because we desire to enable our readers to avail themselves of this method of treating such cases.

LECTURES ON THE SULPHATE OF QUINIA, delivered in the regular course of the Med. Depart. of the University of Michigan. By A. B. PALMER, M.D., Prof. of Materia Medica and Diseases of Women and Children. Published by the Class.

These five lectures were singled out by the class from Prof. Palmer's excellent course of instruction for last winter, as deserving of special attention from the Western student, and published. We think they were deserving of that compliment, being well written, full of useful information in regard to the therapeutical application of that drug, and fully up to the times in the many authorities upon the subject.

DYSENTERY, its Pathology and Treatment: Clinical Lectures at Jackson Street Hospital. By ROBERT CAMPBELL, A.M., M.D., Demonstrator of Anatomy in the Medical College of Georgia, and Lecturer on Clinical Medicine at Jackson Street Hospital.

This paper of Dr. Campbell's is written with considerable care, and evinces much experience and thought, and will reward anybody who may take the time to read it. By the way, why is it that so many remedies of very different character are praised as being extraordinarily successful in dysentery? Because all cases and epidemics are not alike, and are not amenable to the same treatment. That only half explains the difficulty. Two physicians in the same vicinity, at the same time, during the same epidemic, and as far as can be judged in the same class of cases, will pursue a very different, nay, to all appearances, entirely opposite course of management, and yet succeed probably equally well. Can these facts be accounted for on the principle of one powerful impression calling off the nerve force and vascular momentum from the parts affected, and thus weaken the morbid action? And thus allow in reality of more than one right way to perform a cure? We think so. We

believe this therapeutic means of counteracting one impression by inducing a series—one after another—of different impressions, by medicines, by mental action, change of habits, a revolution in the state of things, out of which normal action may be instituted, through the recuperative efforts always made by the system under all possible circumstances, is too often lost sight of when it might be made available. Salts, quinia, tannin, opium, acet. lead, cold water, ice, in fact, the thousand and one remedies that might be named that have cured this disease, cannot produce the same physiological impression on the great vascular, nervous, and secerning systems, and yet they may all cure. The secret of their operation is: they all do produce an impression, not on the part diseased directly, not on the blood in a manner calculated to heal the bowels, but on the nervous, secretory, and vascular systems, all in such a way as to embarrass the morbid action, by inducing a condition in them all different from what existed in the beginning of the disease. Young physicians are often puzzled to know why Dr. A. does not treat the same disease just like Dr. B. The reason is that he has learned to cure disease by different methods, probably just as well, but certainly not in the same way. This comprehensive view of the *methodus medendi* intelligently carried out will relieve us from the disagreeable routinism of prescribing this remedy for that disease, and expecting invariable results from the same thing under what appears the same circumstances. We may select different modes of attack by sapping and mining, scaling, or by direct fire at the object. We will seldom, however, be in possession of the remedy that after entering the mouth and stomach proceeds directly to the part affected, but must be conducted around it until it is undermined and overturned.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

We have just received the first day's proceedings of this body, together with the annual address of President P. F. Eve, of Nashville, and as it contains a succinct account of the history

of its proceedings up to the present time, we give place to it in our editorial columns.

The officers elect are—for President, Dr. Harvey Lindsley, of Wash., D. C.; Vice-Presidents, Drs. W. L. Sutton, of Ky., Thos. O. Edwards, of Iowa, Josiah Crosby, of N. H., W. C. Warren, N. C.

ADDRESS.

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION,—We meet under most auspicious circumstances, and have been welcomed to the most favorable position ever occupied by our profession on this continent. The very ground on which we stand may be considered sacred; has been set apart from a common to a special purpose, and is national. Invited as we have been to this magnificent temple, furnished and dedicated by a generous foreigner to science; in the presence of that towering monument, designed to commemorate the worth of him ever enshrined first in the hearts of his countrymen; surrounded by the glorious recollections constantly associated with this government; and before the great men and assembled wisdom of the nation; it becomes us to discharge the important duties which have called us together with honor to ourselves and benefit to our profession. Inspired by its benevolent spirit, and invoking the aid of an ever present and omnipotent God to preside over our deliberations, we may here renew our professional obligations, learn to love each other better, and resolve henceforth to be more faithful to our high vocation, that its dignity may be maintained and its usefulness extended.

Knowing as I do full well the value of time in our short sessions, and how much is expected from this meeting, the half hour set apart for this customary address will be restricted to subjects appropriate to the occasion. From this stand point in the history of our meetings, it is proper to recall what has already been achieved, that we may be better prepared profitably to engage in the labor now awaiting our deliberations. This summary of our transactions is the more necessary, since, by a disastrous fire in 1851, the first four volumes of our proceedings have been destroyed, and are of course inaccessible to all new members, the last report of the committee on publication having announced the fact that not one complete set of them was on sale.

The grand object of a convention of the physicians of the United States, held the previous year in the city of New York, was carried into effect in Philadelphia, May, 1847, by organizing

this association; and just ten years ago, the first general assembly met in Baltimore. Since then, annual meetings have been convened in our large cities for the transaction of business, and the proceedings regularly published each year. Ten large octavo volumes now comprise the transactions of the American Medical Association, being the contributions of its two thousand members delegated to represent the medical institutions of thirty States and Territories.

As set forth in convention, the ultimate purposes of this body are to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the usefulness, honor, and interests of the medical profession; and collaterally to enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men; to excite and encourage emulation and concert of action in the profession, and to facilitate and foster friendly intercourse between those engaged in it.

In carrying forward these desirable changes, embracing as they do medical science, medical education, and medical ethics, no one believes that we have done everything demanded for the good of the profession, or that all our great designs could have been attained in the brief space of ten years. The work assumed by the association, it was well known, would take time, labor, and united efforts. It comprehended higher requisitions for admission into a learned profession; prescribed the course of instruction; demanded a separation in the teaching and licensing power; proposed a code to regulate the intercourse between physicians, their patients, and the public; and claimed that every one within its pale should assiduously cultivate the science of medicine and promote its best interests. And however extensive or radical may have been these contemplated plans, still on the whole it can safely be assumed that the American Medical Association has been no failure.

It has advanced medical knowledge, and promoted the usefulness of the medical profession. There will be found in the ten volumes of its printed transactions the results of the meetings held in Baltimore, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Philadelphia, Detroit, and Nashville, that no less than three hundred pages are devoted to medical education; over five hundred to hygiene, including the sanitary condition of many of our large cities; six hundred to botany and indigenous plants; one hundred and fifty to obstetrics; four hundred to medical literature; seven hundred and fifty to medical science proper; more than a thousand to surgery; and two thousand to practical medicine, including

the epidemics and prevalent diseases of nearly every State in the Union.

Special reports have been made from committees appointed for the purpose, on the effects of anæsthetic agents, ether and chloroform; on the influence of tea and coffee on the diet of children and the laboring classes; on the supposed influence of the cerebellum over the sexual propensities; the results of operations for the cure of cancer; the introduction of water and gas into cities; two reports on the blending and conversion of types of fever; the action of water on lead pipes and the diseases proceeding from it; affections of the uterus; a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths; the sources of typhus fever and the means of their extinction; the permanent cure of reducible hernia; the topical use of water in surgery; the agency of refrigeration by radiation of heat as a cause of disease; the results of surgical operations in malignant diseases; the acute and chronic diseases of the neck of the uterus; the nature of typhoid fever; coxalgia or hip-joint disease; the treatment of morbid growths within the larynx; the sympathetic nerve in reflex phenomena; the medical and toxicological properties of the cryptogamic plants of the United States; erysipelas; the influence of the hygrometrical state of the atmosphere on health; the diet of the sick; pathology, causes, symptoms, and treatment of scrofula; the preservation of milk; the effects of alcoholic liquors in health and diseases; hydrophobia; the changes in milk produced by menstruation and pregnancy; the sanitary police of cities; treatment of cholera infantum; use and effects of nitrate of silver applied to the throat; strychnine; infant mortality in large cities, the sources of its increase and means of its diminution; medico-legal duties of coroners; new principle of diagnosis in dislocation at the shoulder-joint; the flora, fauna, and medical topography of Washington Territory; the nervous system in febrile diseases, etc., etc.

Prizes have been awarded by the association to the authors of the following essays, viz: On the corpus luteum of menstruation and pregnancy, for 1851.

On the variation of pitch in percussion and respiratory sounds in physical diagnosis, for 1852.

On the cell, its physiology, pathology, and philosophy.

And on the surgical treatment of certain fibrous tumors of the uterus, heretofore considered beyond the resources of art, for 1853.

On a new method of treating ununited fractures and certain deformities of the osseous system, for 1854.

On the statistics of placenta prævia, for 1855.

On the physiology and chief pathological relations of the arterial circulation, for 1856.

On the excito-secretory system of nerves, its relations to physiology and pathology.

And on experimental researches in relation to the nutritive value and physiological effects of albumen, starch, and gum, when singly and exclusively used as food, for 1857.

Carefully prepared reports have been published by the association of the various epidemics and diseases which have prevailed during the past ten years throughout our widely-extended country, and the mortuary statistics and public health of our large cities minutely ascertained. Charts, maps, diagrams, tables, and plates have been freely employed to illustrate these subjects, so important to the general welfare of the people. Every State and Territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers, have specially claimed the attention of our members. The communications on deformities after fractures, found in our eighth, ninth, and tenth volumes, constitute the basis of the best monograph ever issued from the press. This work, it may be predicted, will do more than all others to check the reckless and speculative spirit of suits for mal-practice against medical men; for in addition to teaching a useful lesson to the profession in the prognosis of fractures, its testimony is so conclusive in reference to the usual results of these accidents, that judicial decisions must hereafter be regulated by it.

Besides these contributions to medical knowledge, this association has taken action to prevent the importation into our country of "worthless, adulterated, and misnamed drugs, medicines, and chemical preparations," for which a member of the United States Senate has publicly declared that if we had accomplished nothing else, this alone should have entitled us to the gratitude of the nation; it recommended to the different States the adoption of a regular system of registration of births, marriages, and deaths; memorialized Congress to secure steerage passengers in our emigrant vessels medical attention, and due amount of space between decks; appointed a committee to ascertain the best means of preventing the introduction of disease by emigrants into our large cities; and considered many interesting individual cases.

This is a mere index to what the American Medical Association has done for medicine during the first ten years of its existence. A simple reference to the professional facts spread out upon its

pages, is abundant and satisfactory proof how extensive, varied, and valuable are its contributions to medical science, and its ten volumes an overwhelming and congratulatory answer to the taunting proclamation of the Edinburgh Review of 1820, "What does the world yet owe to American physicians and surgeons?" In September, 1854, the editors of the Association Medical Journal of Great Britain published our code, and declared that this body of physicians was the most enlightened representatives of the greatest medical constituency in the world, of which it would be presumptuous in them to speak in terms of praise. They said of the volumes of the *Transactions* already published, that the duties of the standing committees have been ably and thoroughly performed; that the progress of medical science as a whole, its prominent divisions into practical medicine, surgery, and obstetrics, carefully and accurately traced in a series of reports worthy of the highest praise, had been reported in a clear, concise, and comprehensive manner, reflecting the highest credit upon the committees, and also upon the association in selecting them for their respective duties; and in regard to what has been done in the laborious investigation of the indigenous medical flora of the Union; examination into and reports upon the adulteration of drugs; sanitary condition of the various States, and difference between them in the public health; the study of epidemics and of special scientific subjects; the committees, continue these European medical authors, have collected and published a vast amount of highly valuable information. They moreover assert their belief that our success, especially in ethical reform, depends solely in the moral power inseparable from a constitution based upon the principle of equal representation, which they affirm they not only greatly admire, but can scarcely refrain from envying.

Here, then, is a reply to the above invective pronounced against the medical profession of America, voluntarily called forth from the countrymen of its author, and before he had been in his grave ten years,* by the contributions of this body to medical science within seven years of its organization. Upon such disinterested evidence, such full, free, and candid confessions, and from such a source, may rest the claims of the American Medical Association for proofs of the benefits it has conferred on medicine. A most active and powerful agent in disseminating useful medical knowledge on this continent, it is highly probable that no similar institution has ever been more successful in carrying out its chief object

* Sidney Smith died in 1845.

—the promotion of science—than the one now assembled in this hall.

It has done something (perhaps, all it could under the circumstances) to elevate the standard of medical education. An influential motive calling forth this organization, was the proposed attempt to correct the defects in the plan of instruction and conferring the degree, then generally adopted in our medical colleges; and one of the first resolutions passed, even when the profession had assembled in convention, was the creation of a committee to report at an early day on these exciting subjects. Improvement in the system of teaching medicine, and a change in the power granting the diploma, if not reformation in the schools, have ever since agitated the profession, and consumed a considerable portion of the time of our sessions. The only power to control the economy of the colleges which this body possesses, is exclusively moral, advisory, or recommendatory, and not legislative or legal; and while it may be true that no set of resolutions, presented by the several committees, have been fully carried into effect, still it cannot be denied that important changes calculated to advance medical education, have nevertheless been made. At least seven professors compose the faculty in all our schools, the one or two exceptions to this being in those in which the science is taught nine consecutive months. Not less than a period of four full months' instruction now constitutes a course of lectures, and even this is exceeded in most of the institutions. But one annual course is now delivered with scarce an exception, and an interval is thus allowed for reading or private instruction. The association has clearly defined what shall be taught. It has inquired into the practical operation of all the colleges of the land; scrutinized the general condition of medical teaching in every State; compared it with that of the most enlightened nations; called attention to preliminary education, and declared what it ought to be; advised higher requisitions and a more rigid examination for obtaining the degree; and has, by its free discussions and oft reiterated expressions in regard to the business of teaching and regulating the schools, undoubtedly prevented greater abuses. It has never ceased to urge at every meeting, the pressing necessity for a more thorough preparation, and greater attainments in candidates for the honors of the profession.

This subject, gentlemen, is one upon which you will be called to take action. A committee chosen at Nashville, is to report here on medical education. It is composed of gentlemen from different sections, who, while familiar with the systems of teaching medicine in our country, are yet disconnected from all the col-

leges. It would seem to be a desirable object to settle at this meeting the future relation of the schools to this association. Our sessions then might become less educational in character, and hereafter more scientific. And at the present stage of our proceedings, after all that has been said and done on the subject, the time has surely arrived for a decision. I cannot believe the colleges have any interested motives before this body; they of all others should be the last to oppose a more thorough cultivation of medicine, and ought, by such a course to become unworthy of their trust, and unwelcome members of a great national congress of physicians, whose grand design is to promote medical science. We have now reached a period in our history, when this voluntary association is to determine what medical organizations, be they State, county, or city societies, hospitals, boards, or schools, are entitled to be represented in its meetings. It alone can, of course, prescribe the requisitions for its own delegates. If created to improve and advance medical education (and this is in accordance with its own expressed declarations), then it is quite certain the schools must be controlled. It has but to speak on this point and it will be obeyed, for it is now too late for any physician to oppose, or any medical college to set at defiance the moral power of this body.

As to the first object of an ethical nature over which the association designed to exert its influence, that of enlightening and directing public opinion in respect to the duties, responsibilities, and requirements of medical men, we are free to confess little or nothing has been done. Nor is there much probability that any great change will soon, if ever, be effected. The work itself, in the very nature of things, is utopian. How is it possible to enlighten or direct the public mind on the economy of a science which it practically denies to exist? We ought to recollect that the time has not long passed since grave professors in our colleges signed certificates recommending nostrums; or what was done even last year in London, at Middlesex Hospital, by its regular surgical staff. These reminiscences, however unpleasant, may serve somewhat to moderate our indignation against those who would insult the profession, or who entertain a very low estimate of the scientific acquirements of physicians, even at the present day. The profession must first fully comprehend its duties and responsibilities, and the proper and special qualifications for the practice of medicine, before any attempt can succeed to get the public to appreciate what these are, or acknowledge the ethical impropriety of employing secret remedies. If we make no distinction between the regular and irregular practitioner, between the physician and the proprietor

of a nostrum, we are alone censurable that two such opposite characters are so generally confounded by the community. Until we are more honest, more united, truer to ourselves and our calling, and cultivate a proper *esprit du corps*, in vain is it to expect a change in public opinion regarding medical science. To prevent disease or relieve the sick is a most benevolent and honorable vocation, and when one conceals for selfish ends a valuable medicine, he ceases to be honest and is void of philanthropy; for, by attempting to place a moneyed valuation upon pain and life, he becomes a trader in human physical sufferings; he estimates in dollars and cents the groans and tears of his fellow-creatures. He may profess what he pleases, but his piety is not of the Bible, and has not a jot or tittle of Christianity about it, for that teaches us to love our neighbors as ourselves. Eschewing politics, and seeking no aid from State or Church, we should become a law unto ourselves, or rather act above all law save the divine, since it is quite certain we alone must protect the honor of the medical profession. And thank God, standing this day, the proudest of my life, before this goodly assembly, and at the capital of our common country, I can announce that here, to the American Medical Association, it may with safety be forever confided. By its recent acts, proclaimed throughout the length and breadth of this wide domain, this body has denounced all fellowship with irregular practices, and erected a barrier impassable to honor and respectability.

Having learned wisdom from a more careful examination of the statistics and results of deformities after fractures, the question occurs if we have not ourselves unwittingly made patients expect too much from remedial agents. Disease in itself is a destructive process, which we can only prevent or relieve, and as, of course, we cannot create or restore, should we not, therefore, be more chary of the little word "cure?" The monument erected to Ambrose Pare, the father of surgery, bears the modest inscription, in reference to the wounds he treated, "*Je les pansay et Dieu les guarit.*"* Empirics may boast that they cure, and doctors of divinity may sustain them, but the physician knows it is God who healeth all our diseases.

On that branch of ethics which relates to ourselves—that of encouraging emulation and concert of action among physicians, and fostering friendly intercourse in the profession—the association has been eminently successful. It has far exceeded the most sanguine expectations in overcoming all opposition; in creating an admirable code, now adopted everywhere; in or-

* Ancient French

ganizing state, county, and city societies; in bringing together physicians from the remotest parts of our immense territory; in awaking the whole profession to its true interests; and in blending us into a common harmonious fraternity. Without law or authority, but by moral suasion have we been united as one man, and possess this day the power to be felt over this entire continent. There never has been a more propitious period for medicine in America; never greater evidence of vitality and extended usefulness in our ancient and benevolent calling; never better feeling or more confidence of success than now by our united effort to do good in the great cause of suffering humanity.

We have seen, gentlemen, how much this association has achieved in its infancy to elevate honorable medicine. A wide field for scientific investigation is before us; much territory still remains to be redeemed; the wilderness is yet to blossom as the rose, and the leaves to be gathered for the healing of nations. The hygienic condition of the nation, of such immense interest to our people—that first and important question ever before the profession, the prevention of disease—is to be improved. We are to search after truth, and when found, it is to be generously applied for the good of mankind. The work is a self sacrificing and benevolent one, but it is grand and sublime, even God-like; for it has to do with pain and disease, life and death; and we rejoice to know that, whenever or wherever called upon, the members of our profession and of this association have never failed in any duty, and have been faithful to the end. Yea, many of them have stood alone between the living and the dead, and cheerfully laid down their lives to stay the pestilence and destroyer.

The very waters at our feet, as they sweep onwards to the ocean, pass in sight of a city where three years ago no less than four-fifths of our profession in that community, swelled, too, as their ranks had been by volunteers from this body, fell manfully contending with disease and death; and on a late occasion, when one of our steam-packets, having been injured by a collision, went down in an instant, carrying every soul on board into the depths of the ocean, among the passengers was a member of this association. To the inquiry where was he during the heart-rending scenes of a sinking ship, freighted with human lives, promptly came the affecting and sublime eulogy from one who knew him well, that so long as a woman or child remained unprovided for, he* never left the ill-fated

* Prof. Carter P. Johnson, of Richmond, Virginia.

Arctic. How near akin was his gallant spirit to that of him, who, during a subsequent and similar occurrence, after seeing every woman and child committed to his care safely rescued from his foundering bark, after sending the last parting message to his family, and discharging every duty without one lingering ray of hope, calmly assumed his commanding position on the deck of his vessel, and as she glided from under him into the yawning billows, instinctively uncovered to meet his fate and his God. While the wild waves are sighing a requiem over the unseen burying places of these illustrious dead, the benedictions of a grateful people are continually ascending over the forty graves of the martyred heroes of Norfolk. These were our companions, who died in the noble service of that calling to promote the best interests of which has assembled us together.

Gentlemen of the American Medical Association, we have convened for important purposes; great events are before us; the interests of humanity are here; the hopes of the profession are in this meeting; the eyes of the medical world are upon us. May we then so act in view of surrounding circumstances, that "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration."

ILLINOIS STATE MEDICAL SOCIETY.

We hope it will be borne in mind that the Illinois State Medical Society will meet at the city of Rockford, Tuesday, June 1st, 1858. Our cotemporaries have very generally noticed the last year's transactions of the society, and we are proud of the commendation so universally awarded to the papers contained in them.

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Valerianate of Atropine.....in bulk	Extract of Rhathany, 1 grain.....
" " Bottles of 100 Granules	
Veratrine.....in bulk	<i>Drages of 1 grain each.</i>
" " Bottles of 100 Granules	Quevenn's Iron, reduced by Hydrogen.in bulk
<i>Granules 1-5 of a grain each.</i>	" " Bottles of 100 Drages
Tartar Emetic.....in bulk	Conchine.....in bulk
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Cocaine.....in bulk	" " Bottles of 100 drages
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" " Bottles of 100 Granules	Citrate of Iron.....in bulk
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Kermes, 1-5 grain.....	in bulk
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Asclepin,	Asclepias Tuberosa,	1 50	Senecin,	Senecio Gracilis,	1 50
Baptisin,	Baptisia Tinctoria,	1 00	Stillingin,	Stillingia Sylvatica,	1 25
Caulophyllin,	Caulophyllum Thalic.,	0 75	Strychnin,	Strychnos Nux Vomica,	3 00
Cerascin,	Cerasus Virginiana,	1 50	Trilliin,	Trillium Pendulum,	1 00
Chelonin,	Chelone Glabra,	1 25	Veratrin,	Veratrum Viride,	1 50
Cornin,	Cornus Florida,	1 00	Viburin,	Viburnum Oxyococcus,	1 50
Corydalin,	Corydalis Formosa,	4 00	<i>Concentrated Tinctures.</i>		
Cypripedin,	Cypripedium Pubescens,	1 00			per oz.
Digitalin,	Digitalis Purpurea,	1 50	Con. Tinc. Apocynum Andro.		\$1 00
Euonymin,	Euonymus Americanus,	1 50	" " Chelone Glab.		0 50
Euphorbin,	Euphorbia Corolata,	1 50	" " Digitalis Purp.		0 50
Eupatorin, {	Eupatoria Perfolia,	1 00	" " Euonymus Amer.		0 50
(Perfo.)			" " Eupatorium Purpu.		0 75
Eupatorin, {	Eupatorium Purpureum,	1 50	" " Gossypium Herb.		1 00
(Purpu.)			" " Rhus Glab.		0 50
Gelsemin,	Gelseminum Semper.,	2 00	" " Scutellaria Later.		0 50
Geranin,	Geranium Maculatum,	0 62	" " Senecio Gracilis.		0 50
Helonin,	Helonias Dioica,	1 75	" " Strychnos Nux Vomica.		1 00
Hydrastin,	Hydrastis Canadensis,	1 25	" " Xanthoxylum Frax.		0 62
Hyosciamin,	Hyosciamus Niger,	2 50	Con. Comp. Stillingia Alternative,		1 00
Irisin,	Iris Versicolor,	1 00	Xanthoxylum Pills,		0 50
Jalapin,	Ipomœa Jalapa,	1 00			
Juglandin,	Juglans Cinerea,	0 75			per bot.
Leptandrin,	Leptandria Virginica,	0 75	Con. Tinc. Gelseminum Semp. 8 oz. bot.		1 00
Lupulin,	Humulus Lupulus,	1 00	" " Veratrum Viride, 4 oz. bot.		0 75
Macrotin,	Macrotys Racemosa,	0 62	Wine Tinc. Lobelia Infl., 6 oz. bot.		0 50
Menispermulin,	Menispermum Canad.,	1 00	<i>Oils.</i>		
Myricin,	Myrica Cerifera,	0 62			per oz.
Phytolacin,	Phytolacca Decandra,	1 00	Oil Lobelia,		1 50
Podophyllin,	Podophyllum Peltatum,	0 75	" of Capsicum,		0 75
Populin,	Populus Tremuloides,	0 50	" " Erigeron,		0 50
Prunin,	Prunus Virginiana,	0 75	" " Populous,		0 50
Rhusin,	Rhus Glabrum,	1 00	" " Stillingia,		1 00
			" " Zanthoxylum,		0 75
			Oleo-Resin of Lobelia,		0 75

Pocket Medicine Cases, filled with Concentrated Medicines.

No. 1.	20 vials,	\$5 00
" 2.	24 "	6 00
" 3.	28 "	7 00

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label, "Prepared at the Laboratory of B. Keith & Co., New York." They will also be hermetically sealed and stamped "B. Keith & Co., Organic Chemists, N. Y."